

P97000056650

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 26 AM 9:54

FROM:

Name of corporation: **NORTH BAY ANESTHESIA INC.**

Street address of the corporation

**609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444**

DEAR CORPORATIONS DIVISION:

Please find enclosed:

800002210718--1
-06/12/97--01119--006
*****70.00 *****70.00

1. An original Articles of Incorporation and one copy for the above named corporation.
2. A certified check or money order in the amount of \$ **70.00** for filing fees.

A certified copy ☐ is ☒ is not requested.

If a certified copy is requested, the additional fee in the amount of \$ **N/A** is enclosed.

**TERRY DUSTON BONNER
609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444
904 265 9923**

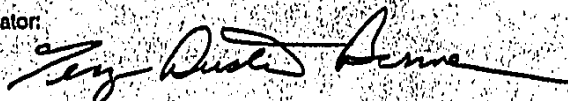
Please send responses or receipts concerning this filing to the above address.
Thank you very much.

Date: **JUNE 11, 1997**

Name of Incorporator:

TERRY DUSTON BONNER

Signature of Incorporator:



Copyright © 1994 Consumer Corporation

6-27-97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 13, 1997

TERRY DUSTON BONNER
609 NORTH BAY DRIVE
LYNN HAVEN, FL 32444

SUBJECT: NORTH BAY ANESTHESIA INC.
Ref. Number: W97000013886

We have received your document for NORTH BAY ANESTHESIA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6929.

Randall Purinton
Document Specialist

Letter Number: 497A00031843

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ARTICLES OF INCORPORATION
OF
NORTH BAY ANESTHESIA INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.

ARTICLE 1. The name of the Corporation is :
NORTH BAY ANESTHESIA INC.

ARTICLE 2. The principal place of business and mailing address:
609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444

ARTICLE 3. The corporation is authorized to issue one class of stock, that being one share of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

ARTICLE 4. The name and address of the corporation's initial registered agent is:

TERRY DUSTON BONNER
609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444

ARTICLE 4. The name and address of the incorporator of this corporation is:

TERRY DUSTON BONNER
609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444

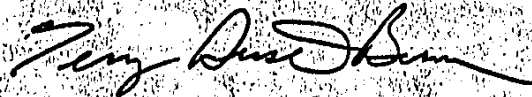
ARTICLE 5. No director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

Date: June 11, 1997

Name of Incorporator: Terry Duston Bonner

Signature of Incorporator:



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**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

NORTH BAY ANESTHESIA INC.

1. The name and address of the corporation's registered agent and registered office is:

Name: **TERRY DUSTON BONNER**

Street Address: **609 NORTH BAY DRIVE
LYNN HAVEN, FLORIDA 32444**

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of registered agent:  Terry Duston Bonner

Date of signature: 11 June, 1997